

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101597,158		FILING DATE 7-13-06					
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		①		1			54						
5		1		1			55						
6		②		1			56						
7		③		1			57						
8		④		1			58						
9			1				59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15			1				65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	8	←	17	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	9		20				TOTAL CLAIMS						